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ABSTRACT

Help Anonymous, a volunteer-operated telephone service for persons in crisis, is presented in its various aspects. Five key areas, descriptive of the person in crisis, are delineated as are the external signs which signal that a crisis is impending or ongoing. The service is viewed as the right arm of the Pueblo Suicide Prevention Center, and in general handles milder more intermediate stress reactions. Essentially, it is directed to the problems of college students. Personal reactions and some case-like material from three volunteers are presented. The final selection discusses the value, to the nonprofessional, of his back-up resources, and points up the possible abuses which can be made of those resources. (TL)

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Selected Presentations

from the

HELP ANONYMOUS WORKSHOP

at

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The Person in Crisis

William Griglak - Director, Pueblo Suicide Prevention Center

Perhaps I should have titled my presentation "Between the Mountains" because this phrase tends to describe the person in crisis or the person who is suicidally inclined. If we can use some sort of imagery, the crisis person is somewhere between the mountains and I think each of us in varying degrees meet crisis situations. For I think the dynamics of ourselves, paradoxically, is that sometimes we have a tendency to be self-destructive, to want out. But what is the difference between the "normally neurotic" person and the person in deep crisis?

It seems to me that there are five key areas which describe the person in crisis. The first of these key areas is that there are no "significant others," a phrase used frequently in suicide prevention and crisis intervention. The person who is in deep crisis thinks to himself that there is nobody around who cares. In reality, there may be, but somehow he has pushed them out or they've pushed themselves out. They have given up on him.

The community, for example, is a significant other; the whole community at large gives up on a person. They tolerated him for a long time, but now they give up on him. Then, narrowing it down, business acquaintances, people at work, relatives, husband or wife, children, aunts, uncles & so forth. These are the significant others-people who are significant in a person's life, and as a pattern, the person in crisis will have either wiped out these people or they will have wiped him out or a combination of both. But in some way, shape, or form this person in crisis says, "Nobody cares," and he means <u>nobody</u>.

And gradually the purpose of a Help Anonymous or crisis intervention center is to try to find some significant others. In fact, the Help Anonymous volunteer becomes a significant other if he handles the call well. He becomes at least someone to whom this person can relate; the person in crisis cannot say at the end of the call, "Nobody cares."

So this factor of significant others is a key difference between crisis and non-crisis persons. The non-crisis person is basically able to work within a societal structure and to relate to significant others.

The second key area that emerges as a pattern for the crisis person is that there has been a "thing-world" collapse. Things have not gone right; things have collapsed in front of his eyes. And by this I mean even a people relationship that was looked upon as a sort of object relationship. The boyfriend who lost his girlfriend and maybe the girlfriend was looked upon as an object. Now she's gone & this person says, "What's the use?" This collapse of the object world around the person in crisis pushed him further down between the mountains.

A third key area that seems to emerge in the pattern of crisis people is that they have found no alternatives. They cannot find the healthy alternatives which a normal person is able to discover.

Fourthly, the person in crisis is vary rigid and very inflexible. He's almost become hypnotized, almost concrete, standing still and not knowing which way to move. And I think this constricting point of being between the mountains does tend to make someone very rigid. One of the first things that is so very important

for the volunteer is to uncork this rigidity. One of our clients has a favorite example to describe his periods of deepest crisis; he expresses feeling "like a pea going around in a tin can." That's about the only kind of movement he can picture.

Lastly, I think the escape syndrome is symptomatic of the crisis person. The suicidal person doesn't really want to die, as far as we can determine in working with this type of person. But he does want to escape from a very unpleasant situation which has gotten to the point where any of the things he tried didn't work out. The only thing left is to run. But where is he going to run? That's really the stone wall. So the person can move from crisis into suicidal crisis. There is a distinction, because many of the calls we get are non-suicidal. We are probably meeting these people before they hit rock-bottom.

But the person who is suicidal has come way down and can't find a way out. The only way out is perhaps death. But he's really saying "I want to get out of this bad situation; there is no other way; I've tried everything else.

In fact, he probably hasn't, and the purpose of a Help Anonymous or a suicide prevention center is to say maybe there is another alternative except "pow" or taking pills or whatever. A person who is just floundering down between these mountains needs to siphon off, to vent, to become sort of "Swiss-cheesed," to get some air holes in him. Because he's choking psychologically; he's stifled, not knowing what to do. Help Anonymous and suicide prevention centers and crisis centers are all trying to see if they can be a last ditch agency where people can siphon off. They offer availablility and accessibility which is so important for people in crisis because these people need now, now service. They don't need it eight months from now. And if it's let go and many people have bubbled up for years and years and then the explosion comes like a volcano, we would really have problems. People going bezerk and so forth. What has happened? Layer and layer and layer of crisis that they couldn't handle.

The centers we are talking about are providing availability and accessibility which are important in a very high-speed, fast-moving electronic age. It is important to note that people in crisis, whether minor or major crisis, are crying for help. They are trying to get attention. Our society has a very hard time accepting the fact that oftentimes attention-getting is the only symbolic or "back-door" way of saying something when it is too painful to say it directly. The person is saying "If I do this people will pay attention. Hey look at me; I need your help."

I think the Help Anonymous group, the suicide prevention center, the crisis intervention center are all trying to say, "We would like to pay attention."

Many people who have attempted suicide or who are in deep crisis are giving signs or clues of the fact that they need help. And if we pass these by, I think this is when the person slips maybe one more notch down between the mountains. And this happens even among professional people. I was calling a doctor to see what kind of a patient one of our clients was and the doctor was saying, "I told Mary over and over again to lift herself up by her bootstraps; just get some will power and you can do it."

This answer is too simplistic. This person had taken pills and done it about four times and nobody seemed to be paying attention. Oftentimes the value of non-professional centers is that the volunteer hardly ever gets case-oriented. The professional person has the tendency to become very case-oriented, maybe because if

he couldn't stay a little bit aloof from all of the sickness he sees, he could end up collapsing. But the nonprofessional jumps in on all four feet and sees a real person; he picks up the phone and tries to relate to the person very warmly, very empathetically, very compassionately. And in the course of the conversation there can be established some form of trust, some form of feeling.

The task of the center is then to clear up some of the debris brought on between crisis situations, to reinforce the ego defenses of the person in crisis--to provide emergency scaffolding. The person is down, the ego is shot to blazes and we are trying to build this up, to renew a feeling of hope, to provide emergency scaffolding. Scaffolding in terms of shoring up the person and emergency in terms of right here and now; what may happen in terms of the ensuing weeks and months is still up for grabs. Each of us would be lost if there were not people in our lives who tell us in effect that we are worthwhile. The person in crisis feels that he is not, so we are providing the scaffolding to help him see that at least somebody thinks he's worthwhile. ("Are you getting paid for this?" "No." "Why not?" "You just care?" This baffles the person in crisis many times--the fact that someone cares.)

What are some of the signs of crisis? How can we tell how serious or lethal the situation is for the person in crisis? There are external signs that can serve as clues, and the more intense these external signs, the more we must be concerned about that person. For example, moodiness-brooding, especially in a person who has been known to be light-hearted, the center of the party. All of a sudden this person becomes moody, very moody. This is a sign of crisis--something has developed that he can't cope with, and he is beginning to turn more in on himself.

Secondly, pressure signals. The uptight constant feeling of pressure. The student who can't unwind is in some form of crisis and somebody should listen to him. Somebody should help him try to uncap some of these things that are sending him down between the mountains.

A change in behavior can be an external sign of crisis. The person who is very precise in speech becoming very coarse. A change in life style. A person whose time is engaged in sports suddenly ceasing. This person is giving a sign that something has happened. Another external sign is isolation; the person withdraws. He can't talk to anybody any more; he can't carry on a conversation any more. And I'm speaking about a person who could. He just keeps withdrawing socially from persons; and, in fact, he may be setting in a group and yet be socially isolated.

Also, the person who talks about going away and means it. We've all said, "Boy, I wish I could get away." That doesn't mean that we're in crisis. But the person who is serious about it--"I wish I could leave and not come back. I wish I could just go up in a big plane and fly away." Well, this person is saying that he's very much in trouble.

And finally, I think that world of fantasy begins to fit in. The "if only" world becomes real for the crisis person--"If only this, if only that," and he begins to project blame onto others. Not just the ordinary sort of gripes or complaints you hear in student centers, because for the person in crisis this is very, very intense. He has to engage in a world of fantasy. It's his form of escape.

We could add other signs of recognition of deep crisis, but this would be getting into the emotional illness type of problem in which the person engages in very bizarre behavior. We have a client, for example, who will call and play all

sorts of bizarre games with our volunteers. He will take the pistol and click it on the telephone; he'll play like he's dying and needs oxygen very badly. He's got a big file full of material on the police department and the state hospital. If he ever lets this material out both places will just go up in smoke. He doesn't want to do it but voices are telling him he must. What we see here are signs of a psychosis of some sort much deeper than the ordinary fantasy of a person in crisis.

I think the important question a volunteer must ask is "What does the world look like from the eyes of this person in crisis?" And that is a hard question because if you and I have never been in deep crisis I don't think we can really know exactly how it feels. But crisis centers or Help Anonymous centers are trying to help the person in crisis by weaving new flags, if I might use this famous sentence from I Never Promised You a Rose Garden. In this book Hanna Green says to Miss Biehl who is the patient, "Our task is to weave new flags, not just capture old ones."

And Help Anonymous is perhaps trying to weave new flags. Maybe they're little ones and maybe there are just a few new threads in them. But we are not just trying to go down the same old roads. We are trying to offer significant volunteer service to aid the person in distress. And all the strategies in the world will not be helpful if we cannot give the person an initial bit of scaffolding to hang onto. That's what the centers are trying to say. They are not trying to cure the world. They are not trying to solve every problem, but they are saying "Here we are and if we can offer some initial kind of scaffolding, we've done quite a bit for the person who is just so uptight between the mountains."

And yet, as Hanna Green reminds Miss Biehl in the novel mentioned, "Miss Biehl, I never promised you a rose garden," we're not promising anybody a rose garden either. But if we can recognize signs of crisis, we don't have to let people drift down between the mountains. I find as I talk with these people that the picture is pretty gloomy down there, and the vision very minimal and everything looks pretty bleak. I think crisis centers are trying to offer these people an opportunity to reestablish a balance in their lives. It is our hope that many colleges can provide this type of help for their students in crisis.

How HELP ANONYMOUS Helps

Sallie Watkins - Professor of Physics and HELP ANONYMOUS Volunteer

Help Anonymous is a service which was set up last fall to provide telephone discussions of current problems, personal problems of college students. There is no hard and fast age line and so we have received calls from some people who are younger as well as older than college age. The service is operated between the hours of seven p.m. and midnight each evening of the week.

In an effort to understand the philosophy of Help Anonymous as it has developed in our minds, I am going to ask you to go back through the genesis of this idea with me, back to last fall. At that time Dean Tucker passed out copies of an article describing a telephone answering service for teenagers in Los Angeles. Many of you have seen this article. And Mrs. Tucker asked for volunteers to set up some similar effort here on our campus. It seemed like a very worthwhile project and so several of us volunteered.

We were trained by the Suicide Prevention Center in Pueblo. At our first meeting we learned that training would take something like 25 hours. This was a rather staggering output of time, especially near the beginning of fall quarter. But for most of us it still seemed like a worthwhile effort. For me, as a physics teacher, it seemed like "a good differential use of self."

So we became involved in this, a number of faculty members and students. And we were trained together, the faculty and students. We had integration happening.

I mentioned that we were trained by the Suicide Prevention Center staff, but it never occured to me to question the relationship between this Help Anonymous service that we were proposing and the already existing suicide prevention center until Lyle and I went to a convention in Washington, D.C. The convention was arranged for the purpose of studying the problem of student suicide, especially among college students. It was organized by the National Student Association and funded by the National Institute of Mental Health. It proved to be a most interesting experience for Lyle and me. Perhaps I can best convey to you the personal value of the conference by using the following analogy. Martin Buber the philosopher points out, "I know myself only by interaction with other people; it is only by seeing myself reflected by another that I come to know who I am."

In much the same way, Lyle and I came to know and understand Help Anonymous through our interaction with people at the Suicide Prevention Conference. They asked us many questions. They wondered what happened if a student faced a crisis at a time other than between seven p.m. and midnight. We explained that if the crisis were of suicide level, the student would call the Pueblo Suicide Prevention Center. And so we began to realize that Help Anonymous, in general, handles situations of mild or intermediate stress level and that the service is a right arm for the Pueblo Suicide Prevention Center. It is designed to speak to the problems of one specific sector of the community, those of college age. In this connection, it is important to note that more than 50 per cent of the population of Colorado is 25 years or younger.

The people at the Suicide Prevention Conference also asked us whether the anonymous character of our service was a hindrance to personal communication. In my own tour of duty, I found this not to be so. It seems that somehow the exterior

things like face and name don't really matter. The communication is very real even without them. We were asked whether the telephone isn't usually thought of as the medium for delivering impersonal or inconsequential messages. We answered that it has on occasion been used to deliver a message as personal as "I love you." We added that there may come a time when the telephone must by used to deliver a message as monumental as "Dear Russia: We are about to press the fail-safe button."

The Student Suicide Prevention Conference did more for me than it did for Lyle, because it brought into stark focus the fact that the generation gap is no clever phrase. It exists. The students in Washington were poles apart from the faculty members in their thinking. There was a most dramatic demonstration of the generation gap at one meeting. At the beginning of the evaluation session, a student wearing dirty levis took the microphone and said, "For me this conference has been a total failure. You experts have given us statistics and have told us how to set up a program to handle problems but not one of you has felt with me what my problems are."

Then Dr. Peck (who is director of the Suicide Prevention Center in Los Angeles) took the microphone and replied, "We didn't come here to discuss your problems. We came here to try to set up channels by which we could handle a large number of problems."

Dr. Peck was attired in a business suit; he was very well-groomed. Then another student in dirty levis, this time a woman, took the microphone and said, "I agree with the first student. I didn't come here to hear statistics."

And then another faculty member wearing a business suit took the microphone to agree with Dr. Peck. And so on.

It seemed that two conversations were going on--one among the students and one among the faulty representatives. There was no dialogue between the two groups. This was an awesome experience for me. As I thought about this after I came home, it seemed that the attitude of the student participants illustrated Marshall McLuhan's theory about our present age in history. McLuhan divides human history into three periods based on modes of communication. During the tribal period, ideas were passed from one person to another by speech. The symbol of that age might be the human ear. Next came the age of the printed word with the book as its symbol. Today McLuhan states that we are in the electronic age. Communicatinn is by television, radio, the movies. There is much more feeling-level or "gut level" communication rather than idea-level communication. Even clothes today are designed not so much to be seen as to be touched. The old standard nylon hose were designed in ages past to see through; today the "in" thing is mesh hose.

Sociologist Joseph Walsh theorizes that campus unrest exists today because students want more than an idea-type communication with their teachers. They want a personal interest. And they want it from us old folks. Along the same lines, Geoffrey Bourne points out that the preoccupation of people today, especially young people, is with two questions: (1) Who am I and what is my relationship to other people? (2) How can I form community with them?

And these are the worries of college students today. Help Anonymous seems marvelously suited to help students generate their own answers to such questions. What is discussed during a call is not what makes this service unique. It's the fact that this discussion happens.

As an aside, let me comment that serving as a volunteer is a very broadening experience for faculty members. One certainly learns a few new words to add to one's vocabulary. But the most important lesson is to take nothing for granted, to answer the phone with as open a mind as possible, and to think the problem through with the caller on his or her own terms.

As an example, there was the junior high boy who called, frightened to death because he had stolen a dollar from his mother's American Cancer Society collection of envelopes. I had the greatest temptation to moralize with that little boy, to point out that crime doesn't pay. It was only with considerable difficulty that I managed not to do this and to think that situation through with him on his own level.

Another example was the call from a Fort Carson soldier who was taking a reading course at SCSC. He was doing poorly and felt that this course was basic to success in college. He had planned to attend college after completing his duty in the service, but now he was concerned about his chances of doing well. He wondered whether some deep-seated fear of college was causing a mental block in the reading course and whether he should see a psychiatrist. As we thought through the problem together, he concluded that he ought to talk to his reading instructor before considering psychotherapy. Perhaps she might have some insight concerning his poor performance in the course. You have no idea how relieved I felt at the end of that conversation.

Help Anonymous, as I see it, is an auxiliary service that runs interference for the Pueblo Suicide Prevention Center, directing itself essentially to the problems of college students. As such, its peculiar character is their special character. It speaks to them at a time when perhaps there is the greatest insecurity in their lives, or at least just before they find certain permanences such as an avocation, a family of their very own, a set of values. It listens to them and shapes itself in the light of what it hears.

Reactions from HELP ANONYMOUS Volunteers

Boyd Baldauf - Associate Professor of Education
Rita Brady - Instructor of English
Perry Elliott - Student, Mental Health Major

Baldauf:

One of my most interesting calls came from a high school student. This call started out with a simple request for information about whether he could take his car out of state or not. I was tempted to give a quick answer, but remembering some of the points made by Father Griglak, I tried to keep the conversation going a little bit more.

It developed that this youngster had a physical handicap; one of his arms was crippled, but he couldn't qualify for state rehab. Since I have some contact with that agency, I thought it would be very easy to get things all set up and we could move right in on the problem. And there was also a problem with school that could be handled very well.

But after two or three calls something happened that changed our relationship. To explain, I should mention that as a volunteer I go by the name of "Joe." As long as this caller was talking to "Joe," we were able to build a good rapport. This lad was really able to talk and to get things out of his system. Then one evening he happened to call Help Anonymous and asked for "Joe's" home number because of an emergency. Even though I had been notified by the volunteer about this call, out of habit I answered the phone identifying myself as "Dr. Baldauf."

And here was the caller asking for "Joe." I tried to salvage something in the conversation, but it was the last call I had from the youngster. And even in that call I could feel the change. It scared him or something. I felt I was really shut off quite soon. Before, when we were talking as Joe and Peter, there was no generation gap; we were talking about the things concerned. Maybe the generation gap really isn't between age groups. Maybe it's between "title" and "non-title" persons. This caller preceived my title and not me as a person after I became Dr. Baldauf instead of "Joe." This is a very important point.

Brady:

First of all, I would like to agree with what Sallie said regarding the nature of the relationship between the caller and the volunteer, particularly her emphasis on the independent thinking of the person on the other end of the line. During our training sessions, I had the same temptation to try to solve the problem of the caller as quickly as possible, especially if this person seemed to be in a panic situation. But through the hours of training I learned that I was there to listen to the caller and to absorb as much as I could, to hear what the person was saying despite what his words might indicate. And to pick up signals such as nervousness in the voice, hesitation with words. My main function was to assist that person in making his own judgment or inworking out his own solution.

Another lesson that was a little hard for me to learn was not to try to solve the problem in five minutes. If the call had to continue for two hours then let it do so. I think most of the calls I have received have panicked me, no matter what the nature of the call is. As soon as I hear that phone ring it's like an electric shock. I'll pick up the phone and try very casually to say "Help Anonymous," but it's difficult for me.

I've had some exceptionally interesting calls, but until January I wasn't sure how much the service was accomplishing. Judging from my own personal experience, I just wasn't getting much business, so my evaluation of the helpfulness of Help Anonymous was rather negative. But in January I received a rather dramatic call. The fellow on the other end of the line had taken 12 - 15 micrograms of LSD about 3:30 that afternoon. And he was trying to tell me that he still saw the walls breathing. Well, that was new vocabulary for me and I wasn't sure what he really meant, but we proceeded to talk a little bit. I learned that the caller was a college dropout and that he and three other fellows were taking drugs rather steadily. We talked about thirty minutes and I realized he needed to see someone fast. I asked, "Is there anything I can do for you right now?"

He said, "Could we meet someplace?"

Well, I really panicked at this point, because you don't know what could happen in such a situation. So I asked him where he was. He was at the student center. Then I made about three phone calls before leaving the Help Anonymous office. I had people sort of posted along the line. I met the caller at the student center, took him to my home, called Father Griglak who came over and worked with the student until about 2 A.M.

Watching Father Griglak with this caller made me realize that I could never be a professional in this particular role. But I discovered that the Help Anonymous volunteer can be an important liaison person.

Two other calls I received were rather important. They were calls in which I referred students to the college health service. In both cases they were young men calling. They were worried about the fact that their girlfriends were pregnant. One caller wasn't certain but the other very definitely <u>was</u> certain. He was about to give her some medication which would have paralyzed the girl for life or perhaps even killed her. I found this out by checking with the college nurse that following week.

So I think the Help Anonymous service has been a rather significant thing in the life of some college students. I know it's been a tremendous learning experience for me.

Elliott:

Some of the things Sallie said about the generation gap made me think about my own experiences and reactions to how students feel. It reminds me of the story of David and Goliath. As a little boy you start finding out how important education is; then you start finding out what all the big titles mean; and you kind of feel that you are a little bit inadequate. But you try to put on a good show. Well, David had a lot of help; he felt that God was on his side. He had quite a big ego there--the whole creator of the universe was on his side and there was Goliath with only his armor and shield. So it wasn't too hard for David.

But for the student, all these different titles make him feel pretty small. I think it's very important to be able to communicate on our level and to minimize any threatening elements in the helping process.

My biggest problem as a volunteer has been a tendency to give suggestions to callers, to tell them how to solve their problems. It seems that over the phone you

feel you've got to do something and this is a big temptation. One evening a girl called and said, "My mother never lets me go out. I have to sneak out. I think it's because my older sister got married too early and my mother wants me to stay home."

Well, I gave this girl some suggestions about what to say to her mother. In a few minutes, the girl called back and reported, "It didn't work."

So my reaction was that she just didn't do it right and I told her again what to do. A little later the girl called back and asked me to talk to her mother!

It's very easy to get into this habit of making suggestions. But I've learned to let the callers think about what they want to do, about what their alternatives are and to talk about their ideas and help them bring new ideas to light.

I have used a tape recorder to help evaluate and improve my work as a volunteer. This afternoon I will bring in some tapes of various calls so that you can hear some of the things we've talked about taking place in these conversations.

The Use and Abuse of Back-Up Resources

William A. Griglak - Director, Pueblo Suicide Prevention Center
Donald Megenity - Chairman, Department of Psychology, SCSC

Griglak:

Dr. Franklin Osberg, our director of admissions at Colorado State Hospital, is the person who did much of the work in preparing for the suicide prevention center. He felt that a center should not be established unless there were professional people in the community willing to back up this type of center. He spent almost a year (before the center got started) button-holing people in the fields of medicine, government, legal services, and the ministerial service trying to get them to see the need and to understand that we would need such professional back-up resources available to our volunteers.

I think to start a center on a shoestring in terms of resources could be a little bit tragic, because there are some back-up people who are necessary so that the volunteers have a sense of confidence and know that should there be something that is beyond them, they can refer this client or this student to such a professional person. We do try to encourage a sense of creative thinking and flexibility on the part of the volunteers. As far as resources are concerned, we still leave the volunteer a sense of elbow room. If we put too much emphasis on a rigid use of resources, we take away a lot from the volunteers. And we end up making them a little like robots--a call comes in; here's the problem; plug them in. Then they have no sense of flexibility, of being able to work with the person on the other end of the line.

The use of resources is a necessary crutch for the non-professional volunteer. It only becomes a poor crutch when the volunteer bails out or abuses the resource. This is what happoned to me when many of the volunteers were picking up the phone and when the person started talking, immediately they asked him, "What's your religion?"

If the caller said "Catholic," then right away Father Griglak was the resource. They were bailing out too quickly; they were abusing a resource; and we had to talk about this and work this out.

There are a number of points to consider in terms of the use of resources. The first point is that if the volunteer knows his or her limitations, we are already on the way to a correct use of resources. The idea, for example, of not playing God will enable the volunteer to know when the case in question is beyond him. Also, a point to remember is that sometimes a telephone is a hindrance and adds a limitation not present in a face to face situation. These are limitations the volunteer must recognize.

Secondly, when a volunteer knows the scope of the resources in question, another in-road is made toward a reasonable use of the resources. The volunteer has to have some descriptive phrase or paragraph that will describe the service in question. This will prevent misuse of resources out of ignorance, such as referring an unwed mother to an agency that doens't handle this sort of thing.

Thirdly, the volunteer must know the limitations of the resource in question. As an illustration, one of the medical resources may not want to be called in the evening hours. So this has to be noted; otherwise we are going to abuse that resource. Perhaps another resource may designate certain days when referrals are to be made.

A doctor may say, "Not on weekends." Or a professor at the college may not be available on Wednesdays. These kinds of limitations are important to note so that resources are used correctly.

Also, judging the degree of stress correctly is very important. If the volunteer picks up a high degree of stress, there is more of a need for a now referral. If the signs of crisis and degree of stress are not assessed correctly, there will be a tendency to abuse the resource. If we develop good listening habits, if we learn to recognize the clues the person is giving out over the telephone, then we will find that the referrals made will be much more appropriate.

Lastly, if the resource file is accurate the volunteer can have a degree of confidence and this will result in more precise referrals without hesitation, anxiety, or frustration. It is important that the volunteer have a sense of confidence, a feeling that if he comes to a problem in the midst of a call, he can thumb through the resource file and find out as clearly and accurately as possible what resources are available.

It is rather obvious that the abuse of resources would flow from the points I've mentioned. If the volunteer tends to play God and does not realize the limitations of a non-professional, there will be inappropriate referrals. There will be a tendency to panic or to bail out. There will be a tendency to make judgements that will be colored by a deficient understanding of the resources that are available. If the volunteer has not recognized the scope and limitations of the resource in question, there will be referrals to the wrong resources or to the right resources but at the wrong times. And if the resource file is out of date, there will be abuse of resources and a lack of confidence on the part of the volunteer.

It is vitally necessary that prior to a center getting underway there be accurate resource material for the volunteer. Those people involved in directing the center must arrange for these resources. You don't need a long list. For example, you don't need 89 doctors, maybe two or three. But get these precisely lined up. There will be some referral mistakes which cannot be covered up but they can be ironed out. It may mean once in awhile the director has to consult the professional. Maybe the professional feels he has been over-used or that a volunteer just dumped a client off on him. But these things can be worked out because the professional people who agreed to be of service will be people who want to be helpful. If the service becomes known as a place where the volunteers are making appropriate referrals these professional people will back you up.

We have twelve lawyers who are back-up resources for the Pueblo Suicide Prevention Center. We used lawyers only five times during the year. If resources are available even though they may not be used it is good to know that they are there. I don't think the professionals will object if they haven't been used. It's best to keep them from being over-worked and over-loaded. It's always good to let your resources know that you appreciate their availability. Send a little note, "Thanks for just being available. We may not use you for five years but it's good that you are there. Thanks for being helpful to us."

Keeping these points in mind should lead to a correct use of resources rather than an abuse of them.

Megenity:

I would like to emphasize what Father Griglak stated by saying that it is a good idea for the volunteers to sit and chat with one another about the referral list. As a matter of fact, volunteers should almost memorize where a particular name appears so that they can spot it right away. And it is good to get to know

what type of service a particular individual can offer.

Once you have volunteered to sit by that phone a number of times, you will begin to develop a feeling as to whether or not you can handle a call or whether you need some type of special help. It's essential for you to know what each person can offer.

The services on our own campus are quite extensive. In fact, I think we use every office from time to time. I believe the student health office has been used quite frequently. The psychology department has about six or seven individuals who have volunteered to talk to students at any time about their personal hang-ups. I took a tally of the number of referrals two weeks ago. Of the seven people, four are being used. One individual had seven cases going; another person had four; I had three; and the fourth person had one case. Although the person who has seven cases was getting a little bit concerned about this, we are not really overloaded. Usually college students have fairly moderate types of hang-ups and will utilize a staff member for only a short time--maybe one or two or at the most five sessions. So the number of cases will fluctuate with the passage of time.

I think our biggest difficulty in terms of abuse of resources has been the problem of the volunteer not having enough confidence in his own ability to terminate the call without referring to some back-up person. But this comes with experience.

There are various resources on the campus available to volunteers. For example, financial help seems to be a problem for some callers. This is a simple problem to identify, once you get through the feelings of depression and defeat. Most campuses have a person in charge of financial assistance, so this resource is important to note. We even include "library use" on our list. You might say, "Who would call about services at the library?" But this has happened a few times.

This brings up another question about the list itself. How do you know what services to include? Well, common sense will tell you to include the Student Health Service, counselors and so forth. Your best source in terms of adding to the list comes from the nature of the calls. If a source is not listed and it is requested over the phone, the best thing you can do is tell the caller you will find out as soon as possible and call him back or ask him to call back. If you become completely lost as to what to do, it is best to square with the caller, "I don't know. But let me have some time and I'll see what I can do."

In conclusion, do get to know your list of resources and develop confidence in your own capabilities.

Griglak:

I would like to comment on Dr. Megenity's statement that college students usually have fairly moderate types of hang-up and that most Help Anonymous calls will not deal with extremely serious crisis situations. This factor certainly helps to alleviate a burden that might be placed on our Suicide Prevention Center. We can use probably twenty-five more centers even in the city of Pueblo. What happens is that a Help Anonymous center add another important dimension because this is a college town. It's another branch of communication in the college community--another service offered which causes the students to say, "They're really interested in us; here are people who think enough of the students to try to help."